

10/24

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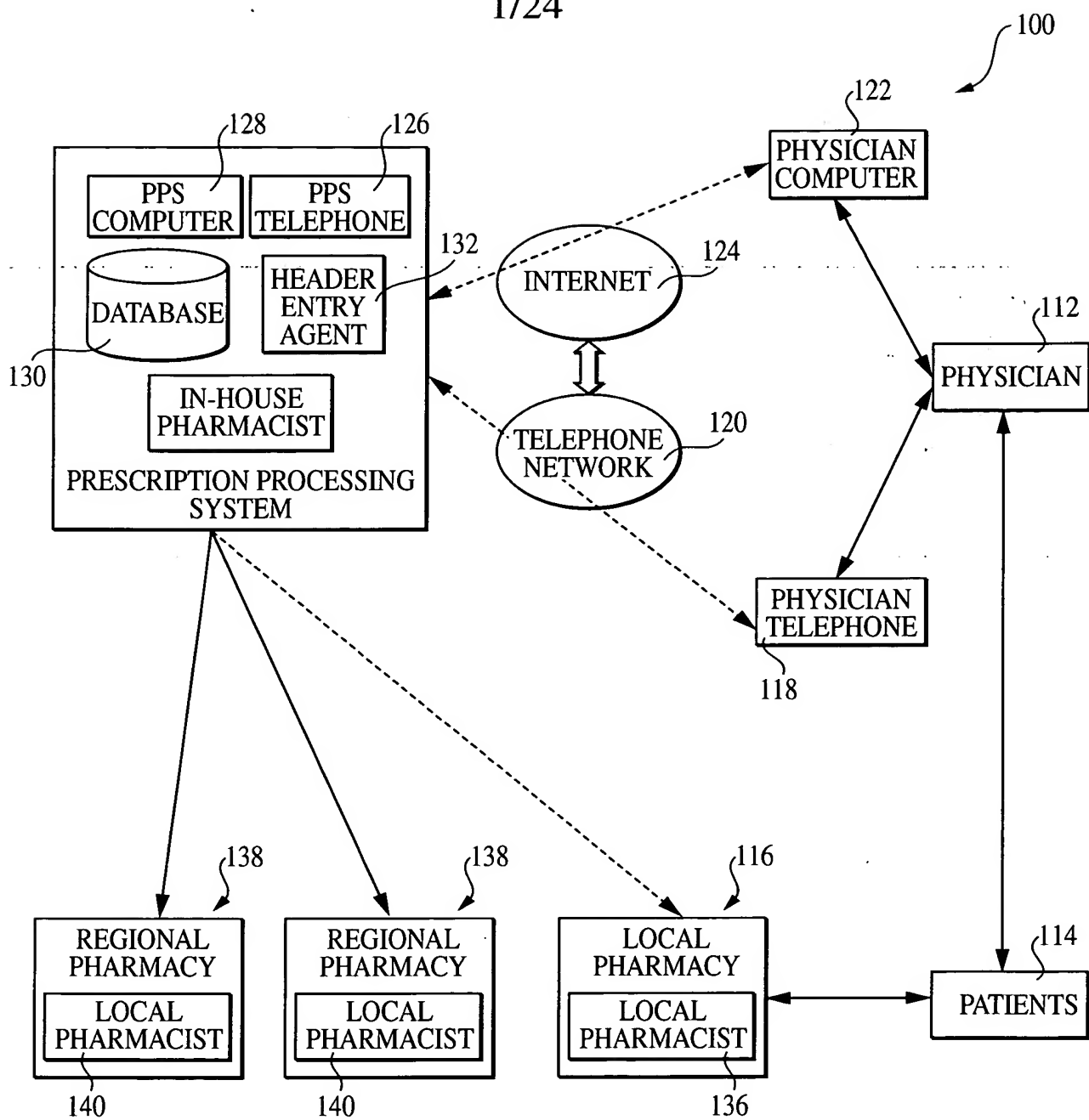


FIG. 1

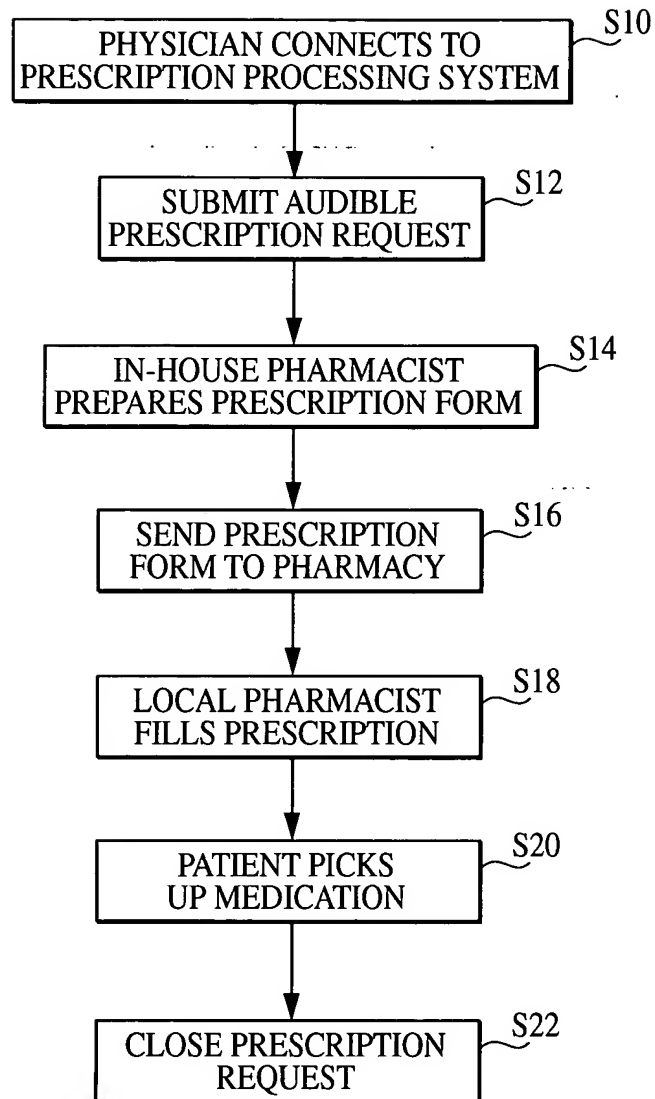


FIG. 2

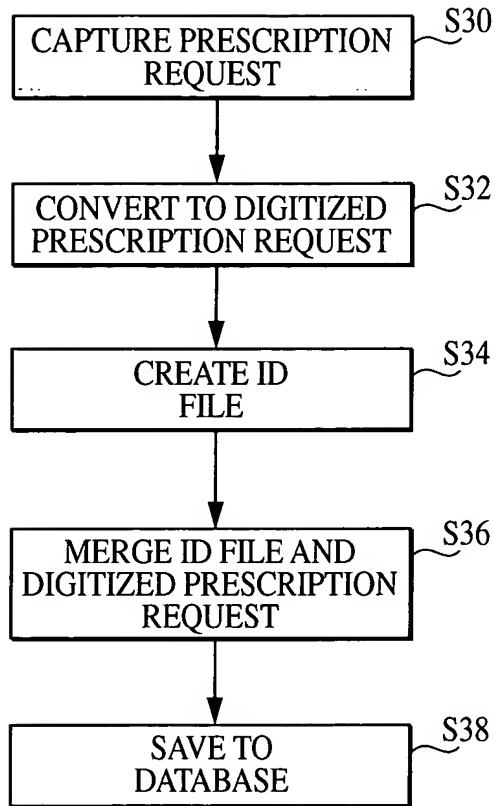


FIG. 3

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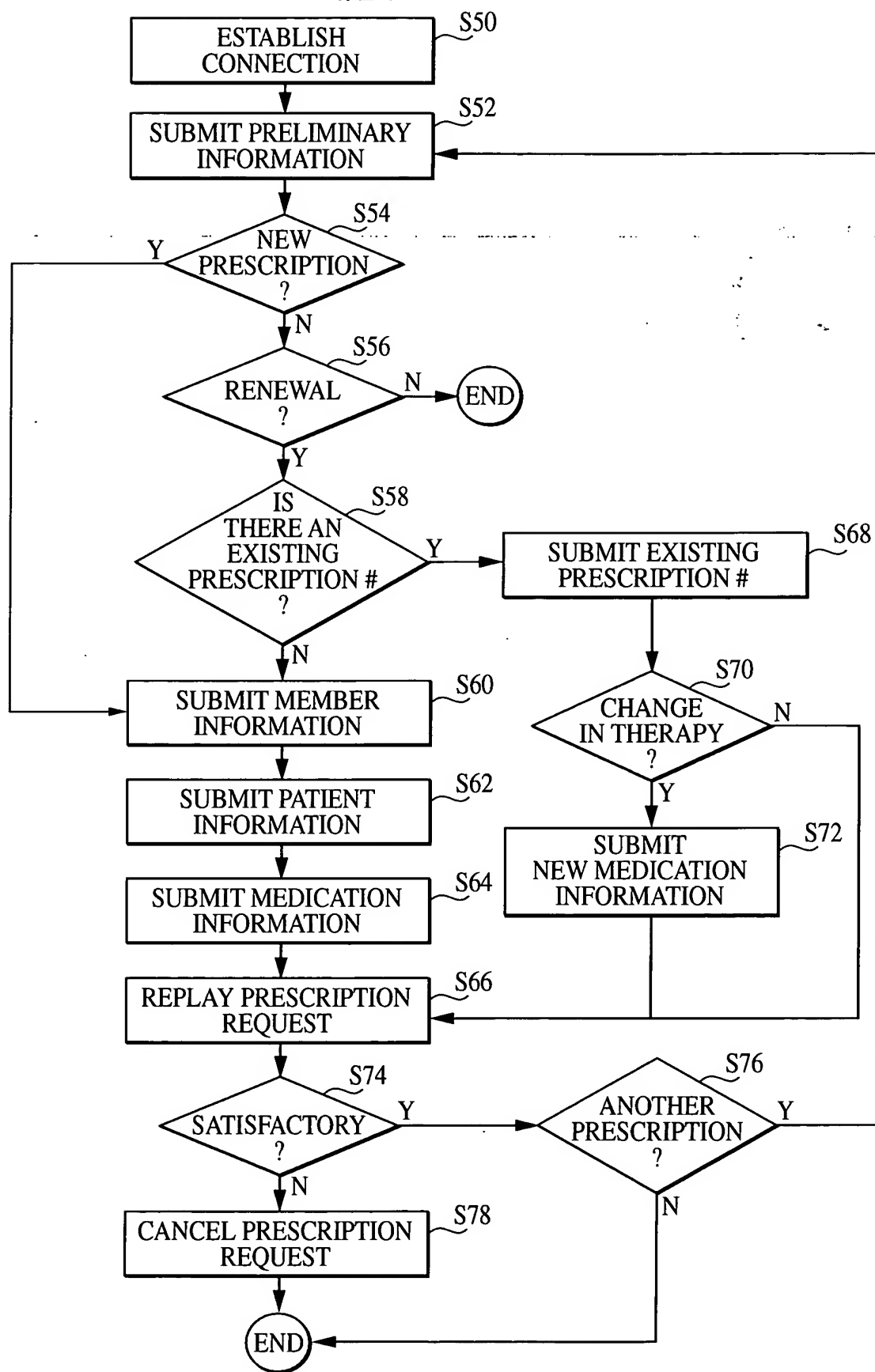


FIG. 4

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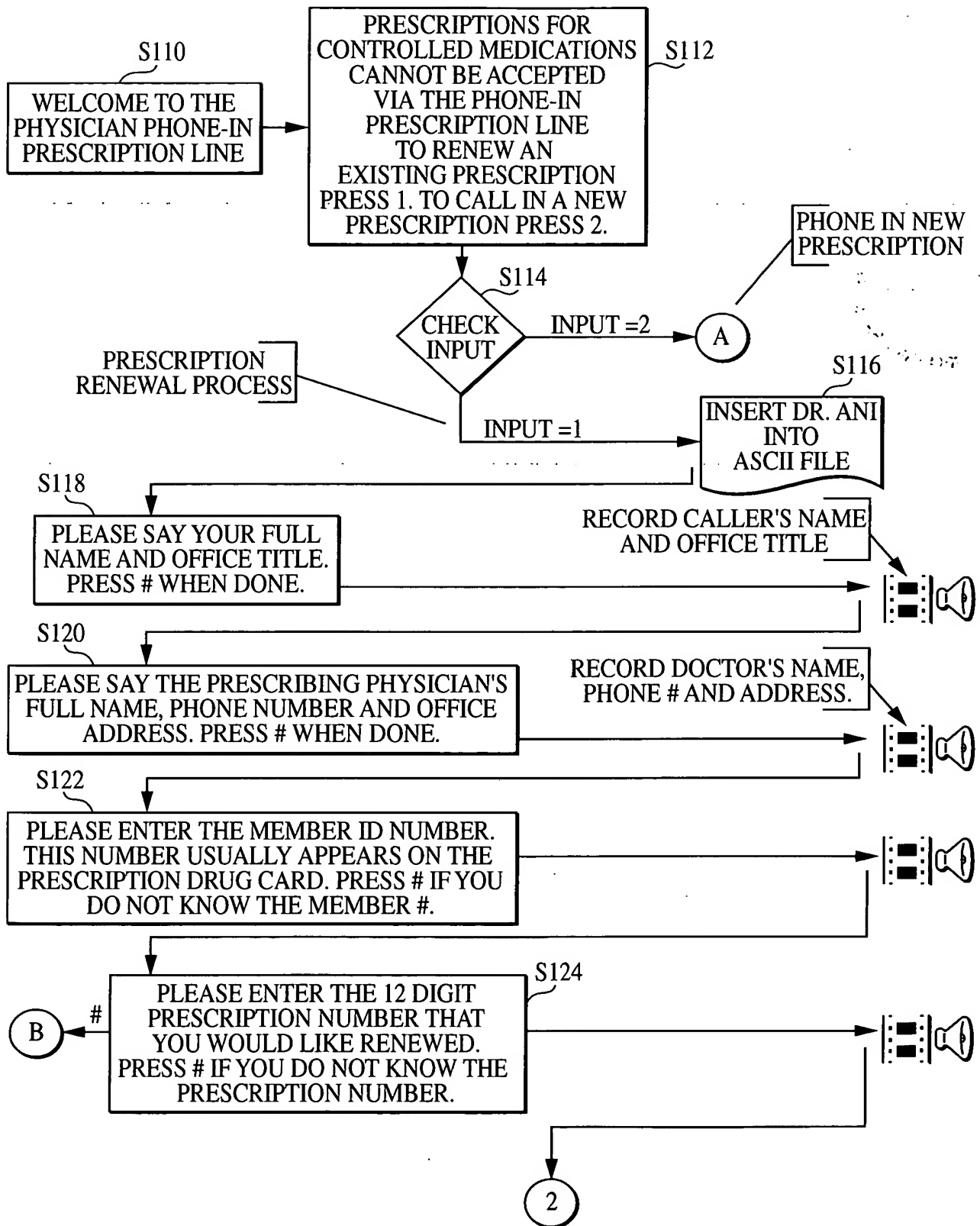


FIG. 5A

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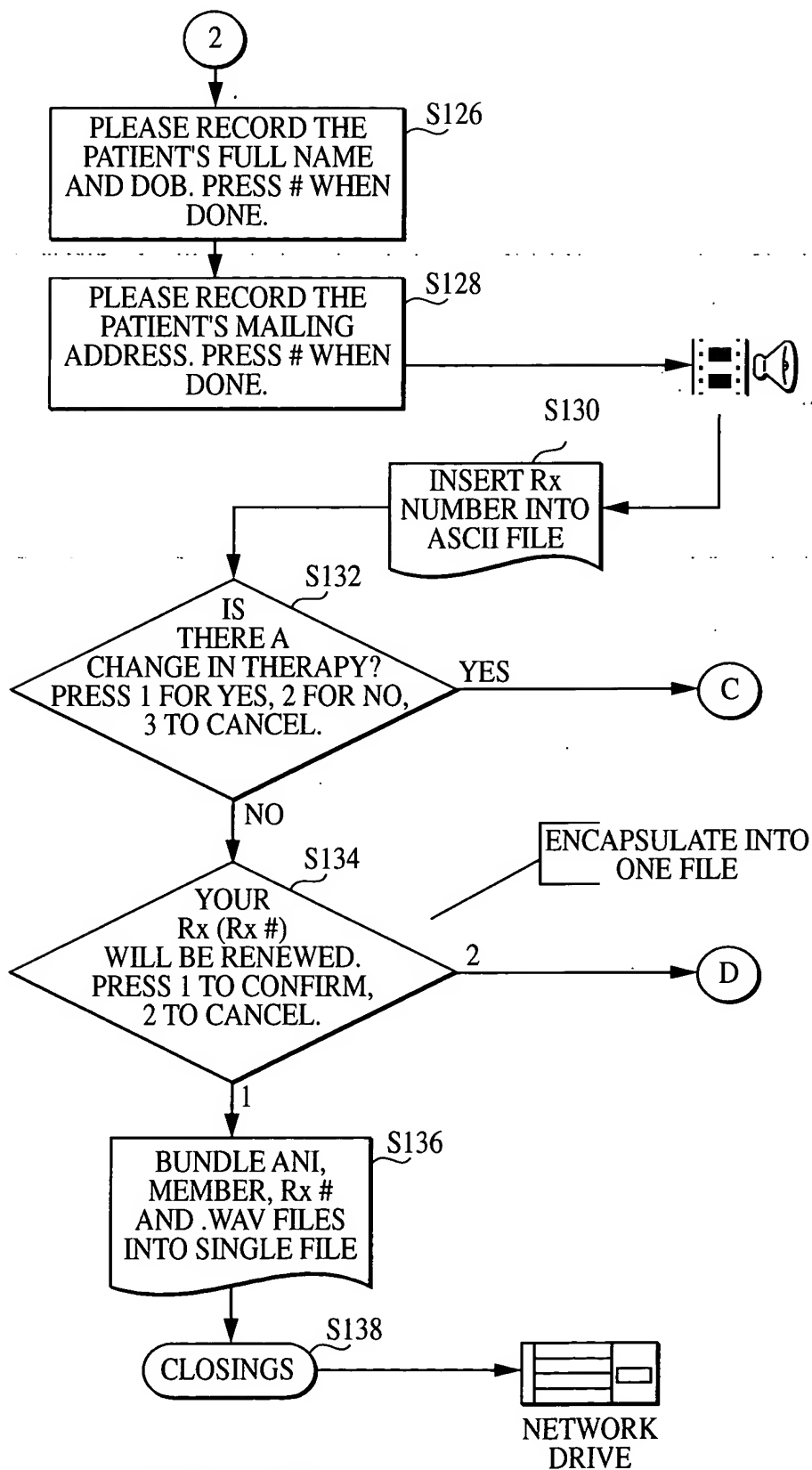


FIG. 5B

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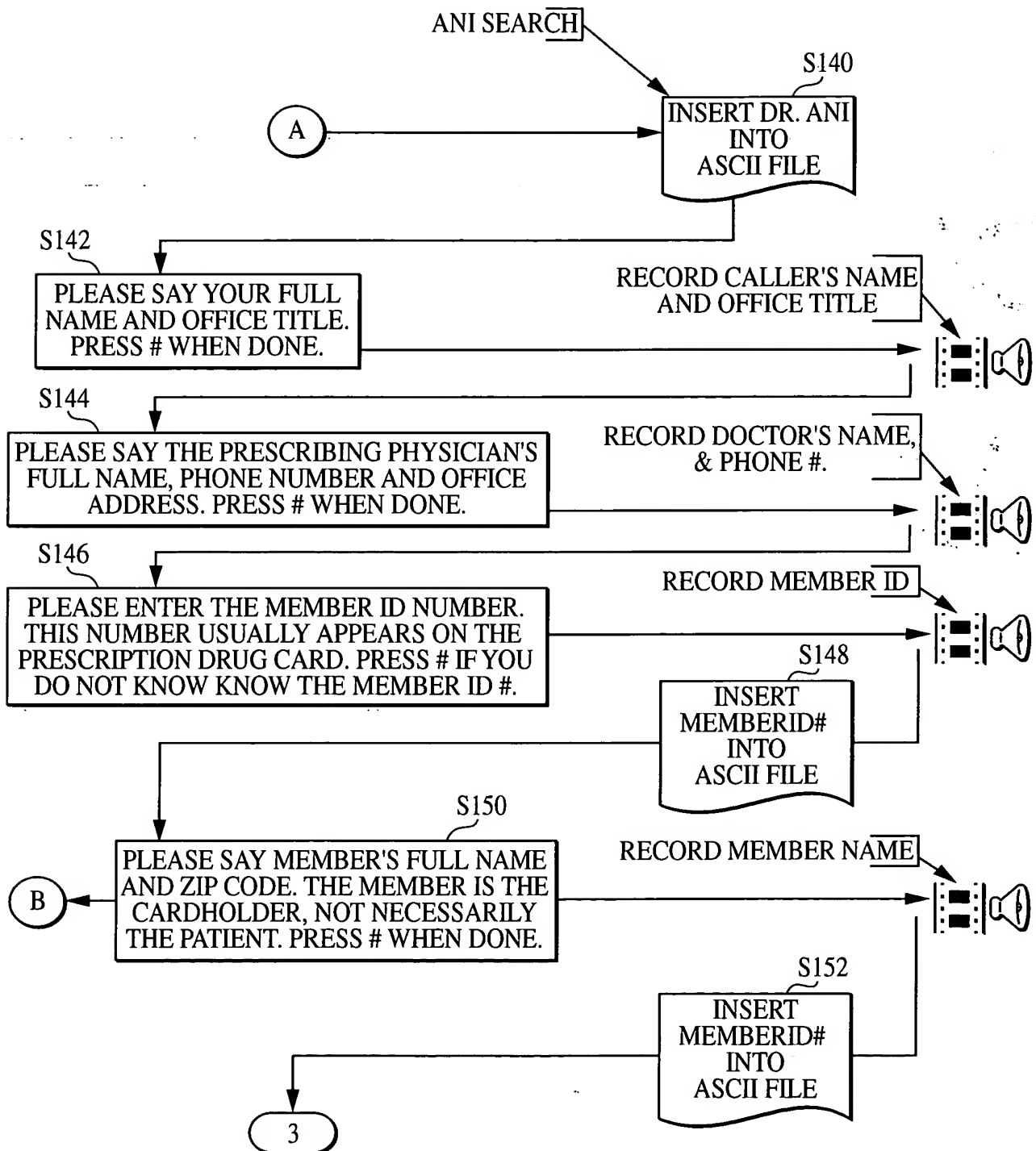


FIG. 5C

THIS GROUP OF RECORDINGS WILL BE SAVED AS THE ADMIN INFO "MEMBER ID" .WAV FILE. THIS .WAV FILE ALONG WITH THE DRUG INFO "MEMBER ID" .WAV FILE WILL BE SENT TO PRE-DEFINED E-MAIL LOCATION(S) FOR TRANSCRIPTION. THE SUBJECT FIELD WILL BE COMPRISED OF A NUMBERING SCHEME THAT WILL UNIQUELY IDENTIFY THE RECORD WHILE ASSOCIATING THE TWO .WAV FILES.

MESSAGE WILL BE BASED ON STATE RESTRICTIONS. SOME MD'S MIGHT HAVE A CHOICE OF BRAND OR GENERIC

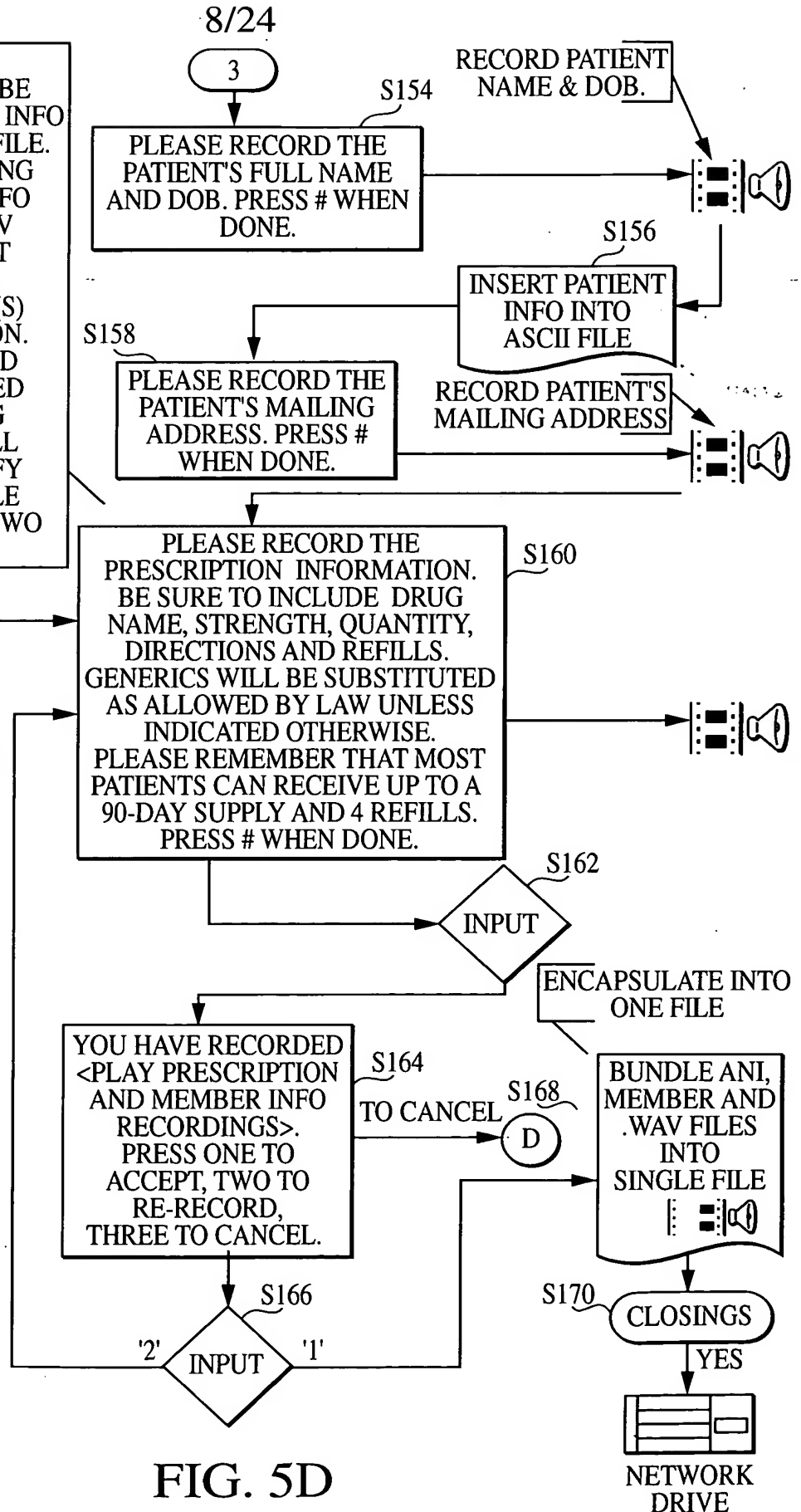


FIG. 5D



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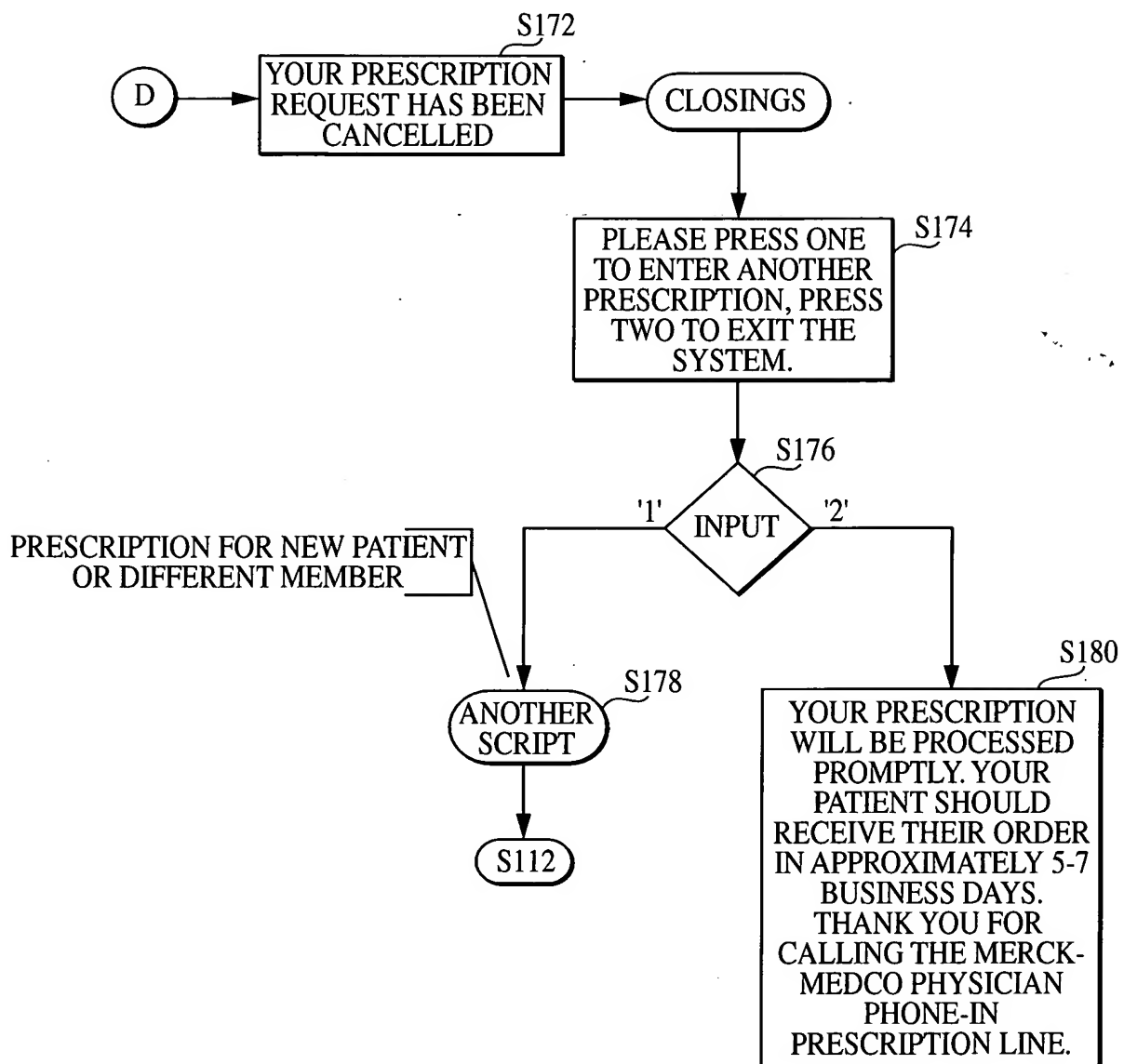


FIG. 5E

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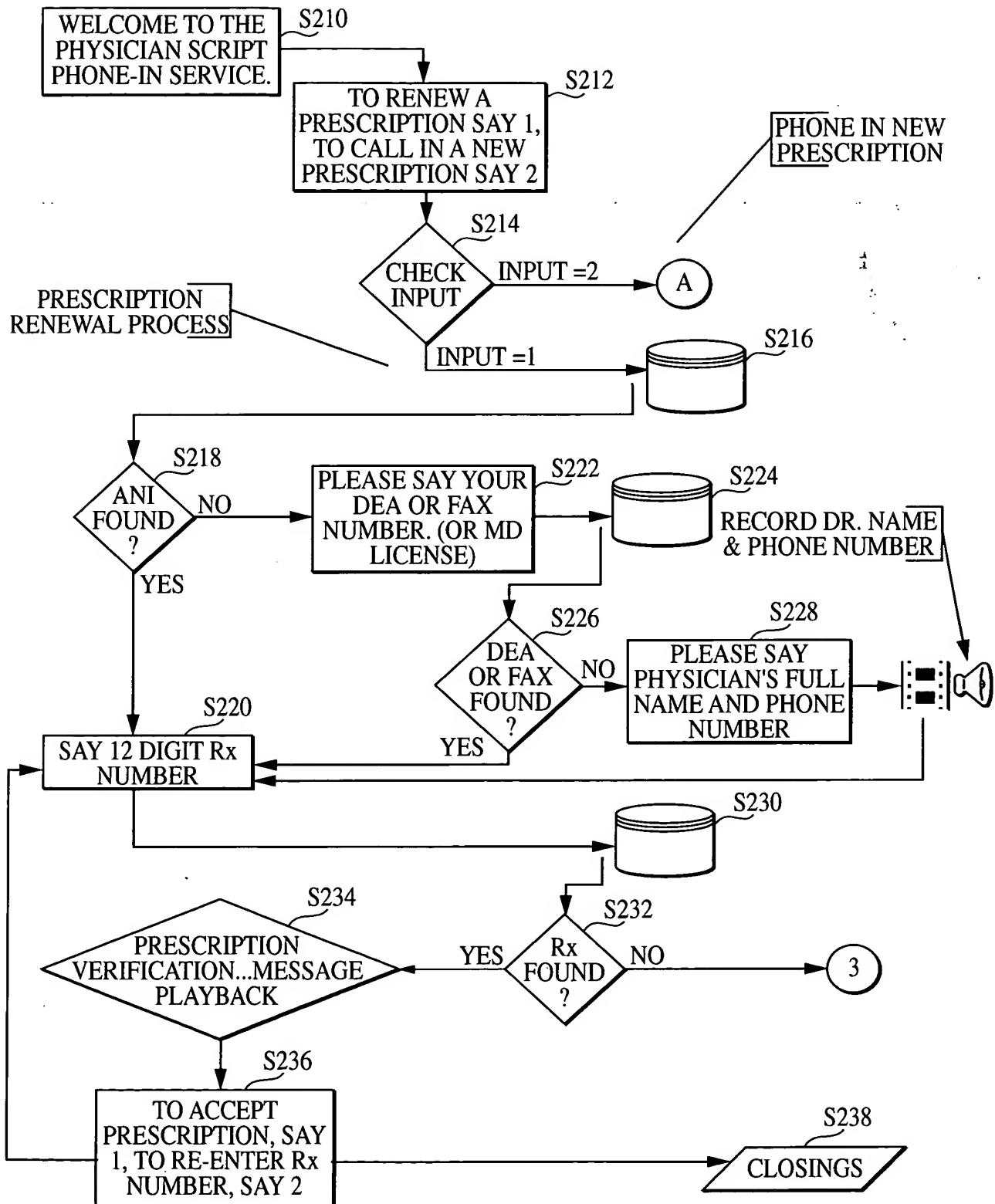


FIG. 6A

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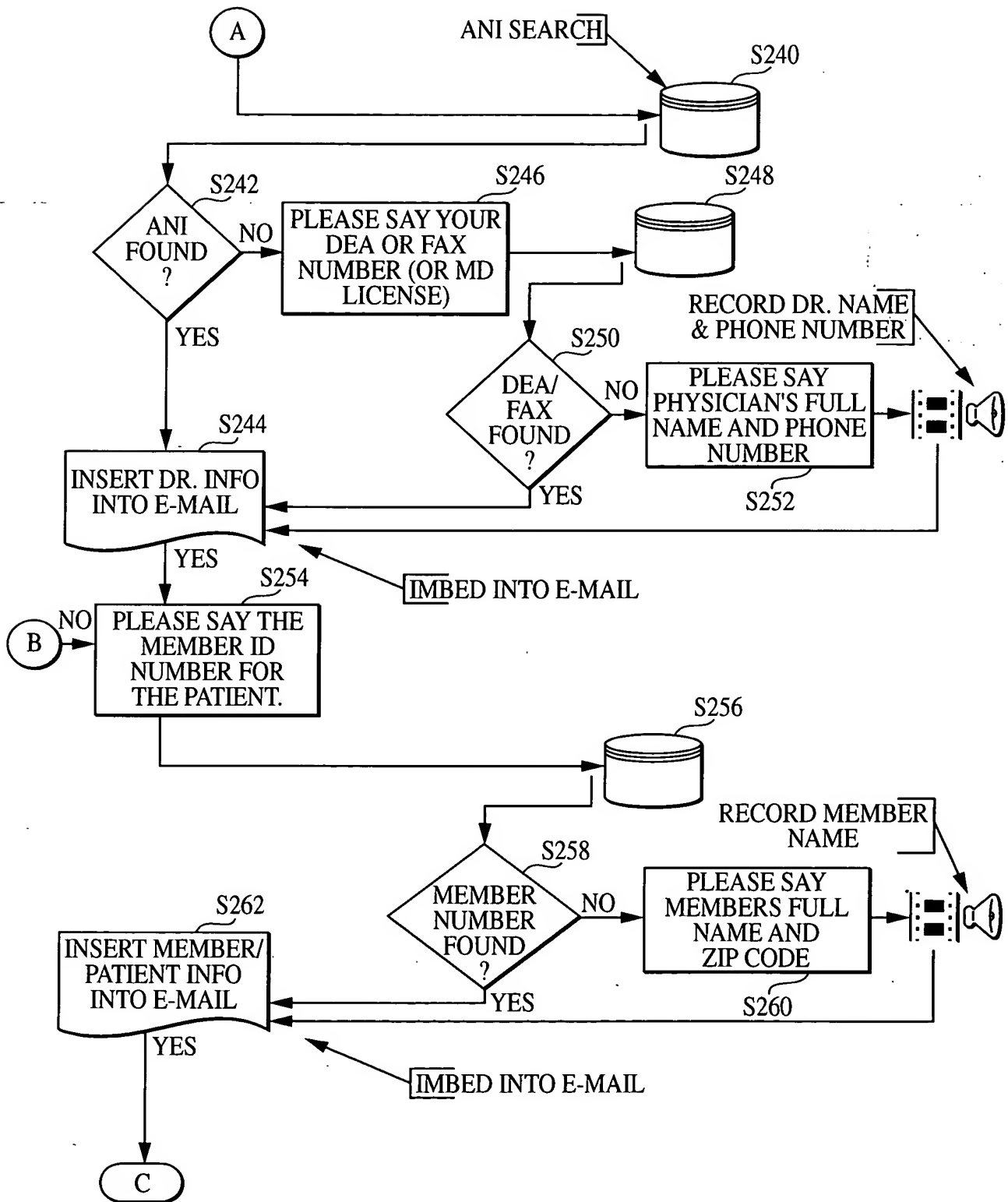


FIG. 6B

THIS GROUP OF RECORDINGS WILL BE SAVED AS THE ADMIN INFO "MEMBER ID" .WAV FILE. THIS .WAV FILE ALONG WITH THE DRUG INFO "MEMBER ID" .WAV FILE WILL BE SENT TO PRE-DEFINED E-MAIL LOCATION(S) FOR TRANSCRIPTION. THE SUBJECT FIELD WILL BE COMPRISED OF A NUMBERING SCHEME THAT WILL UNIQUELY IDENTIFY THE RECORD WHILE ASSOCIATING THE TWO .WAV FILES.

MESSAGE WILL BE BASED ON MD STATE RESTRICTIONS. SOME MD'S MIGHT HAVE A CHOICE OF BRAND OR GENERIC.

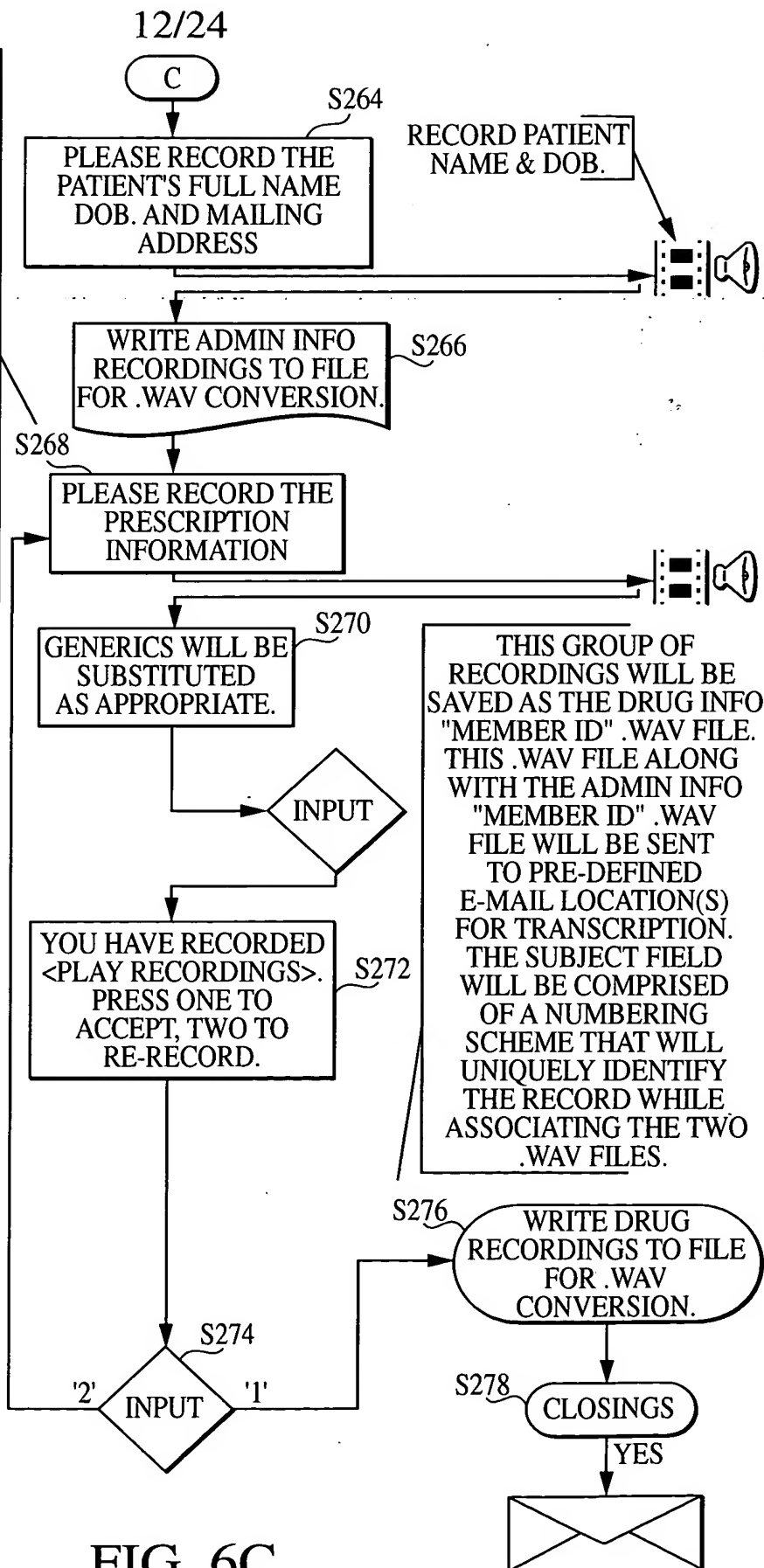


FIG. 6C

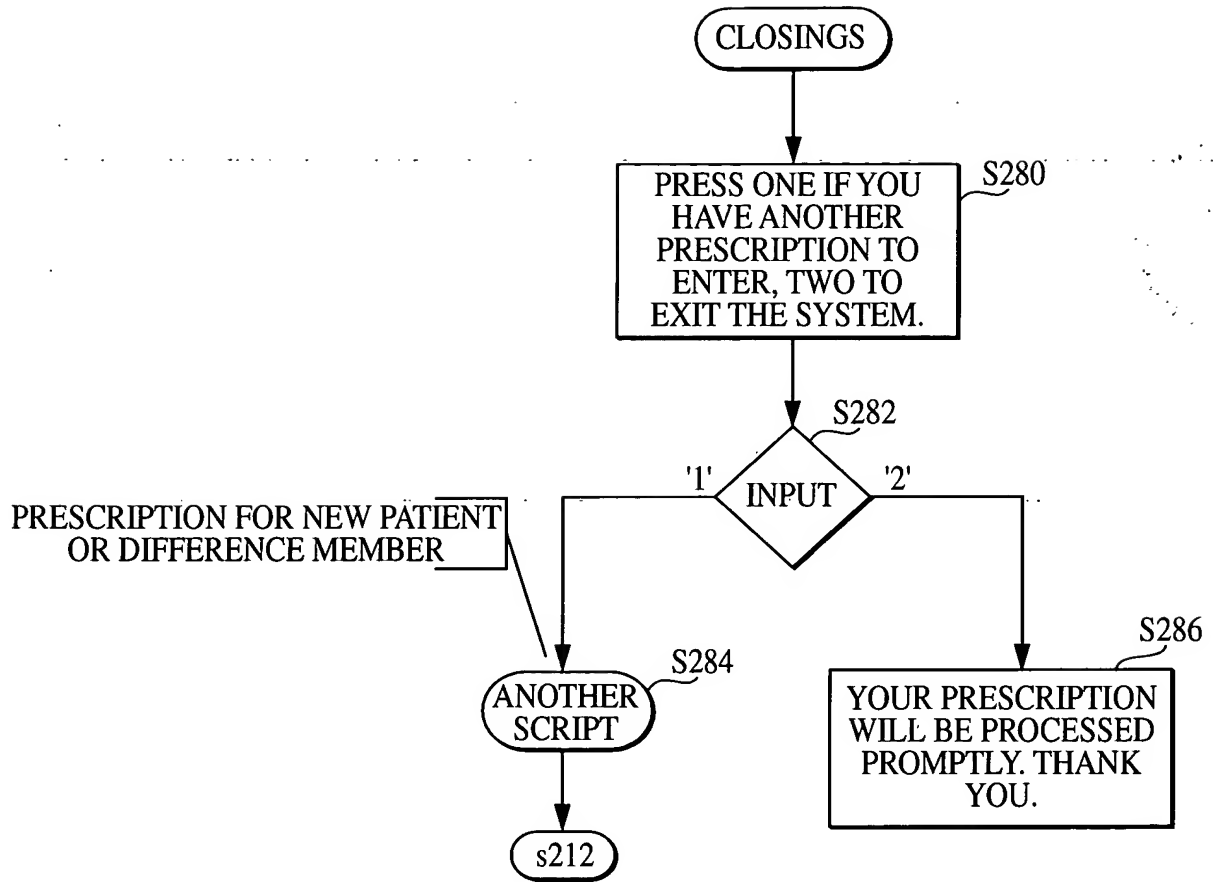


FIG. 6D

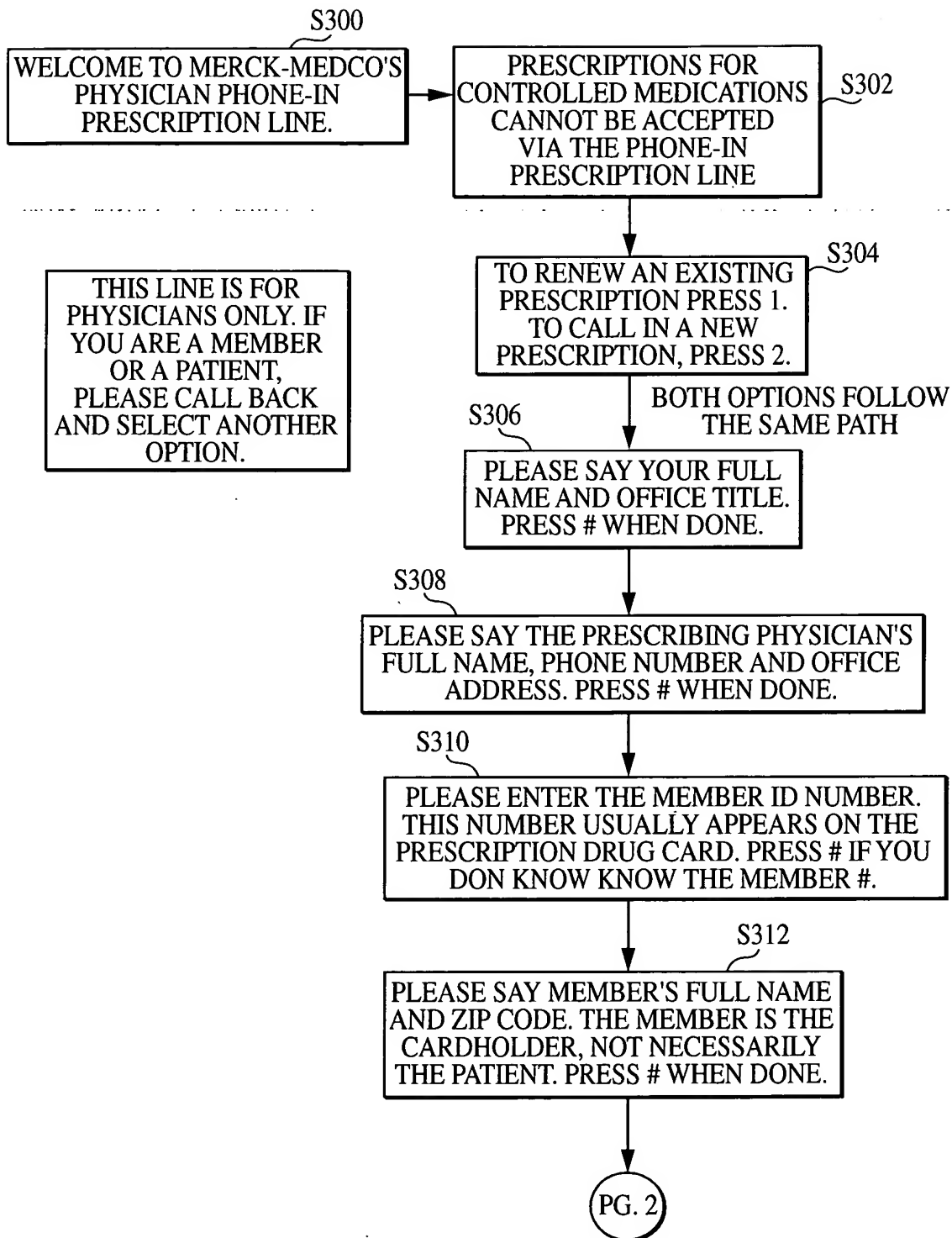


FIG. 7A

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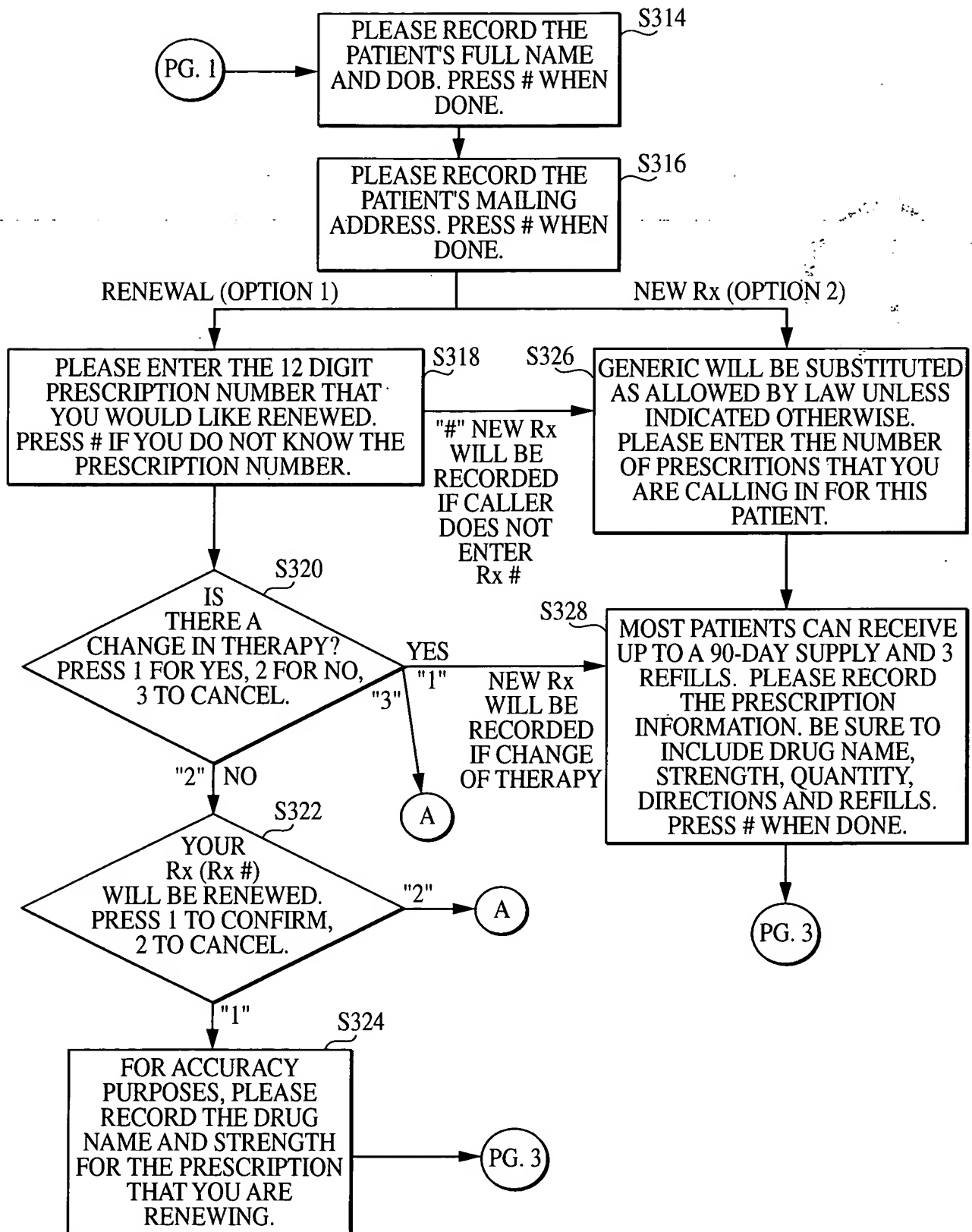


FIG. 7B

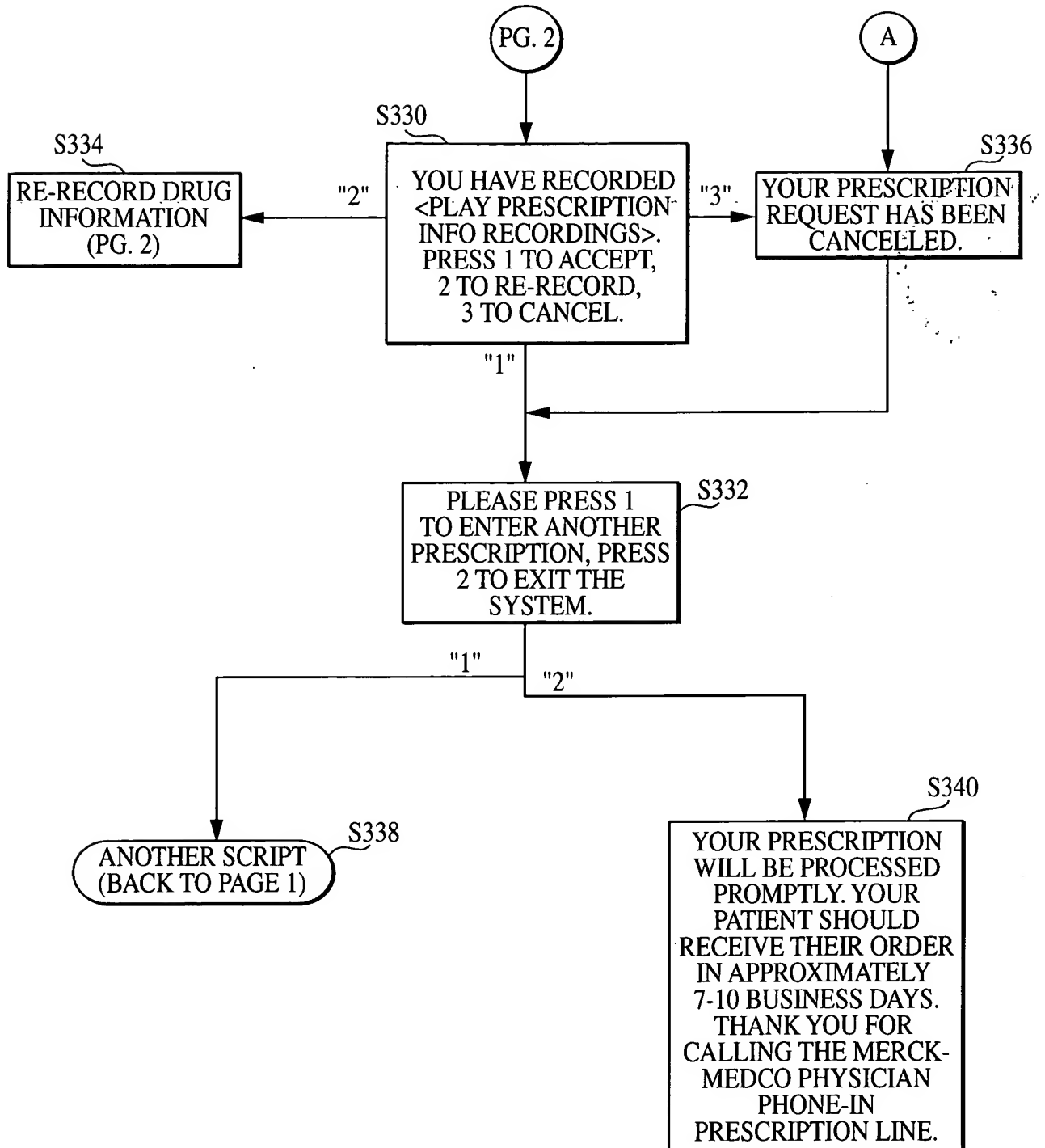


FIG. 7C



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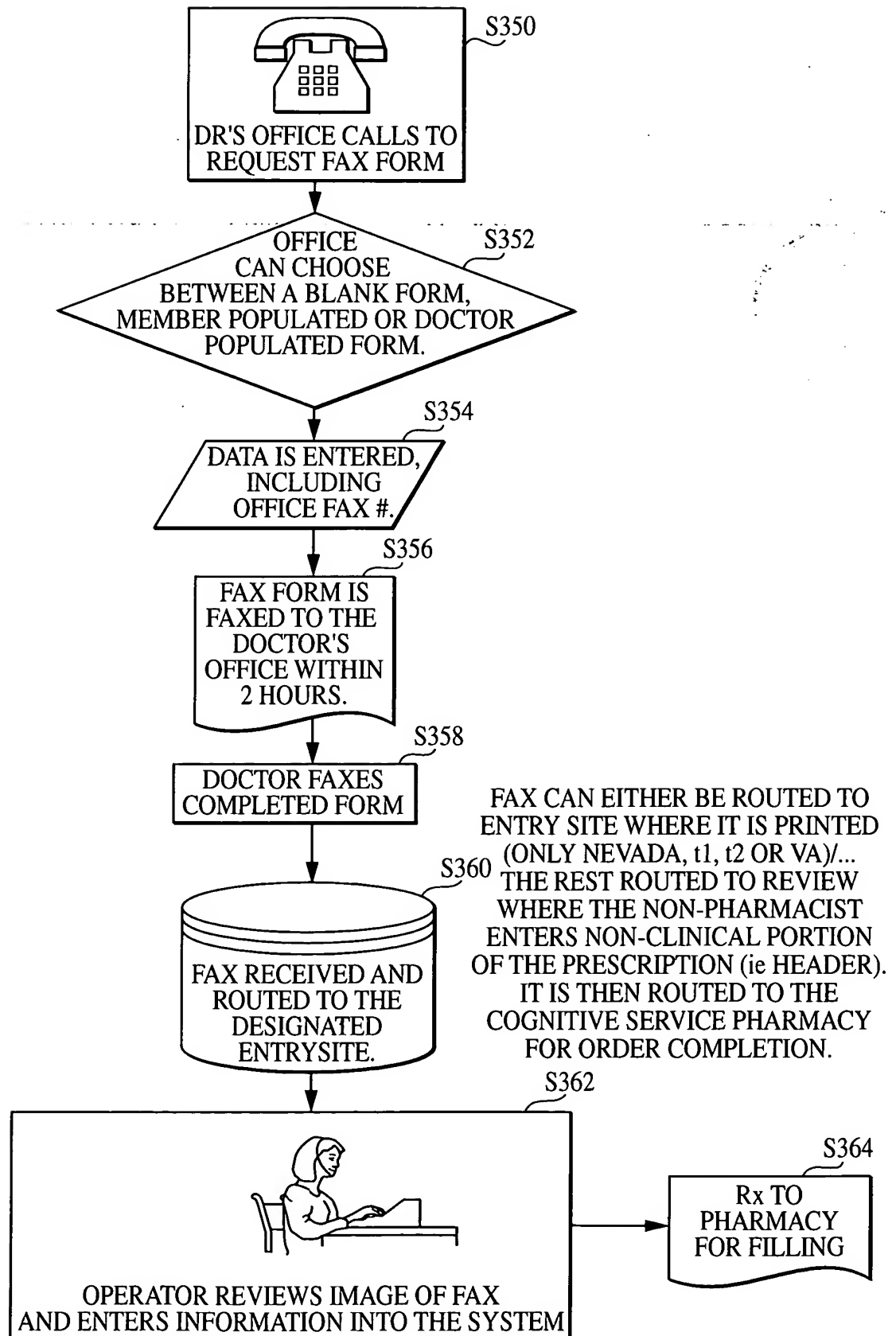


FIG. 8

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Prescription Fax Form

Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription

Questions: Call Customer Service

34191 |  |

STEP 1 Fill in both the **Subscriber** and the **Patient** information below.

**Prescription Drug** \_\_\_\_\_

**Card Member #:** \_\_\_\_\_

(Usually different than the health plan ID #)

**Subscriber Information (card holder):**

Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB: \_\_\_\_\_

STEP 2:

Confirm your office's secure fax #.  
Check the box to indicate a change,  
and write in the correct #.

☐ New fax #: \_\_\_\_\_

STEP 3:

Complete for new patients or for  
patients with changes in health.

*Please check all that apply:*

Allergies:

☐ None ☐ Sulfa ☐ Penicillin

☐ Aspirin ☐ Codeine ☐ Iodine

Medical Conditions:

☐ Heart ☐ Asthma ☐ High B.P.

☐ Ulcer ☐ Glaucoma

Other \_\_\_\_\_

STEP 4 Please tape the prescription from your prescription  
pad here (Most patients can receive up to a 90-day  
supply and 4 refills.)

**TAPE PRESCRIPTION HERE**

**Please confirm you have included:**

*On the form:*

- Subscriber's Drug Card Number

*On the prescription:*

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written

Your Signature

FIG. 9

# AUTOFAX FLOW RENEWAL

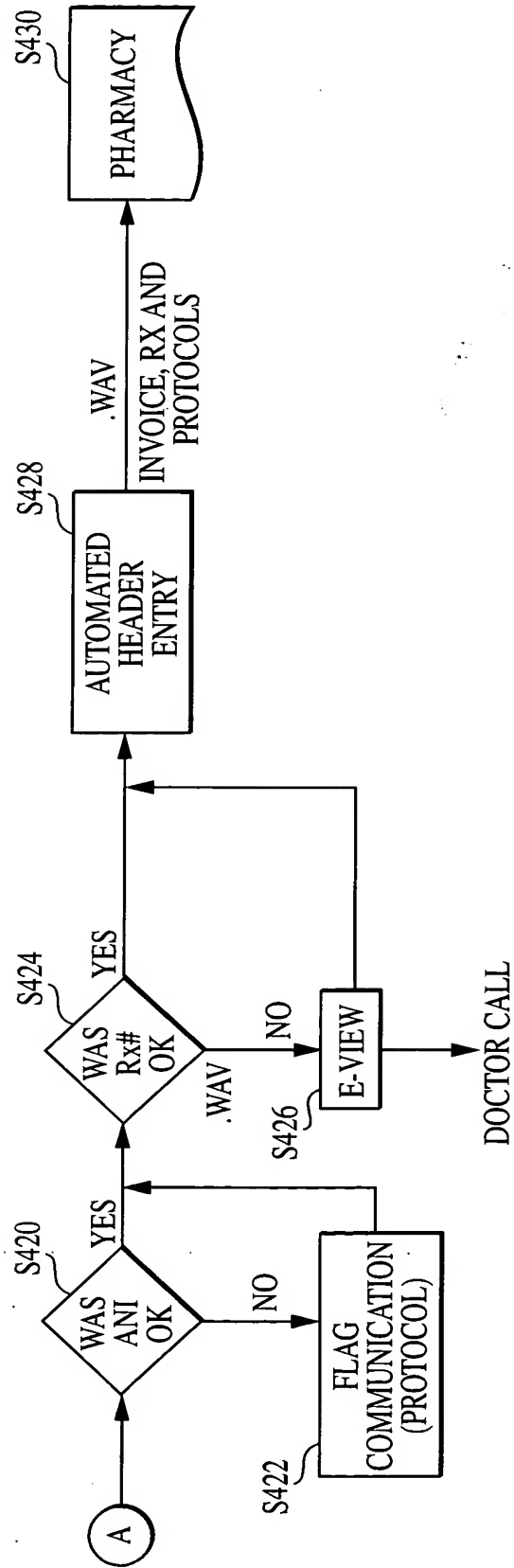
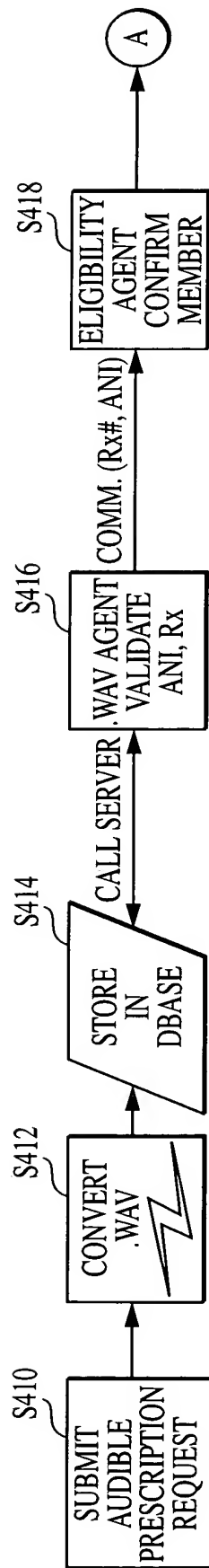


FIG. 10A

# AUTOFAX FLOW NEW Rx

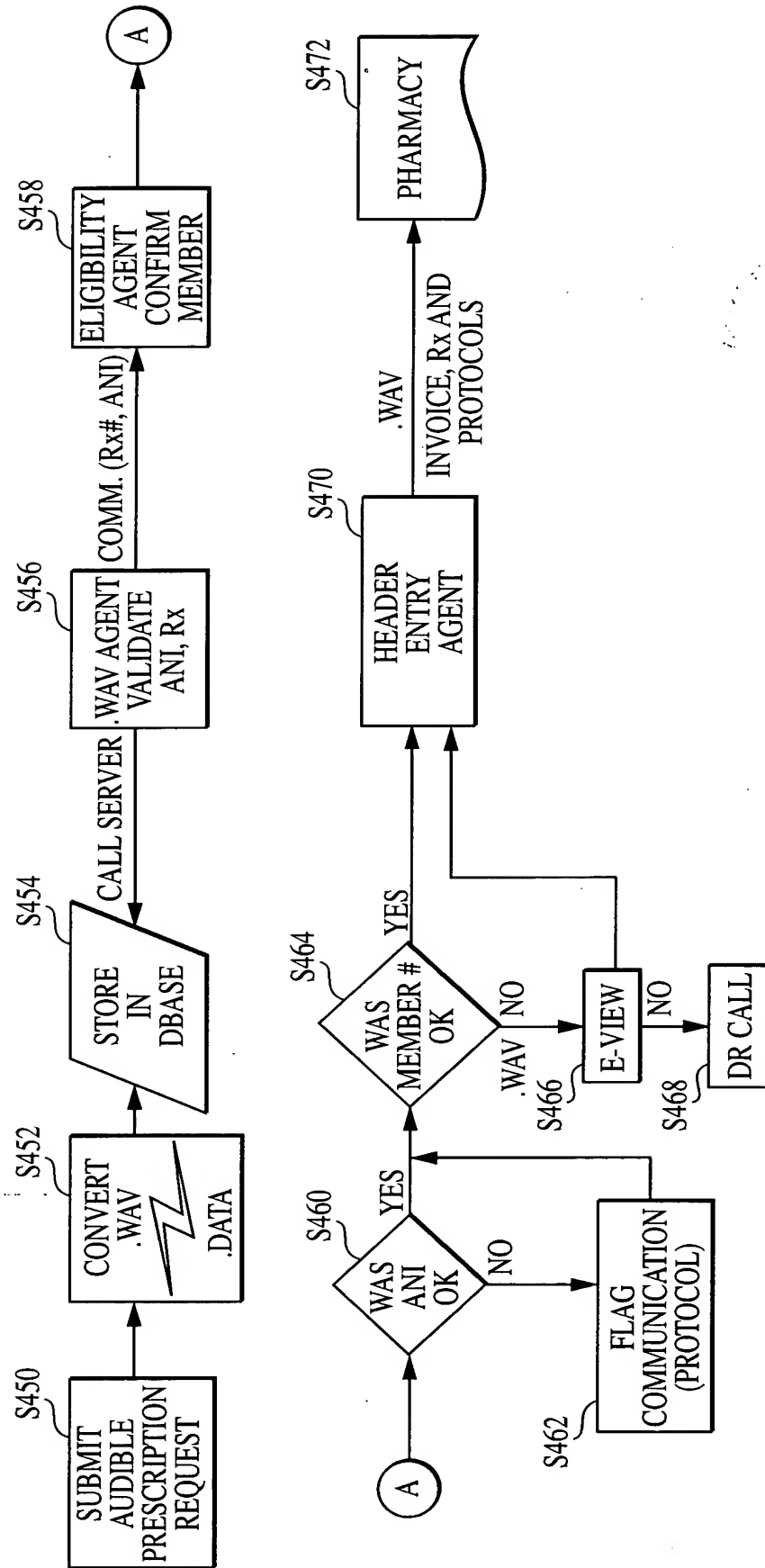


FIG. 10B

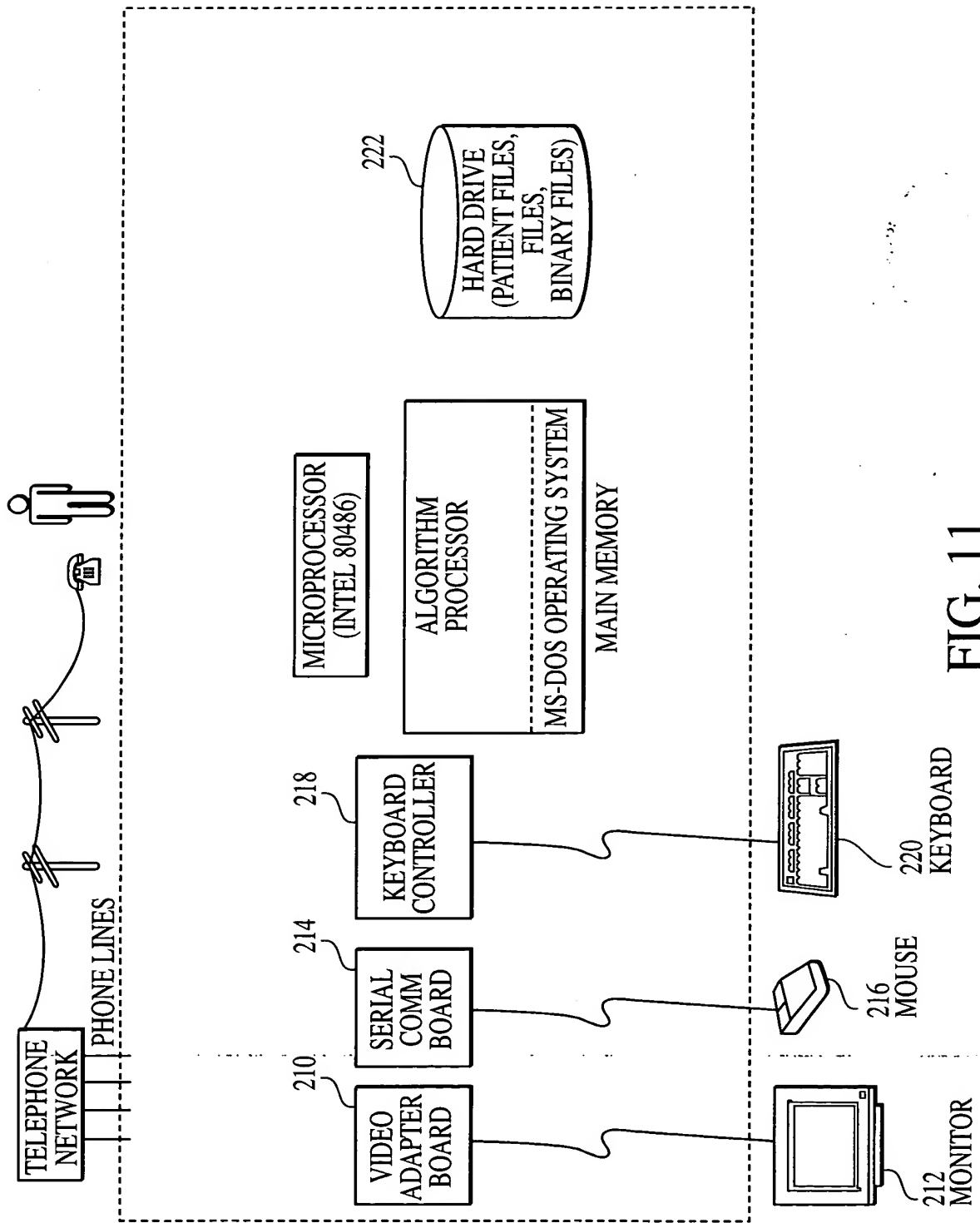
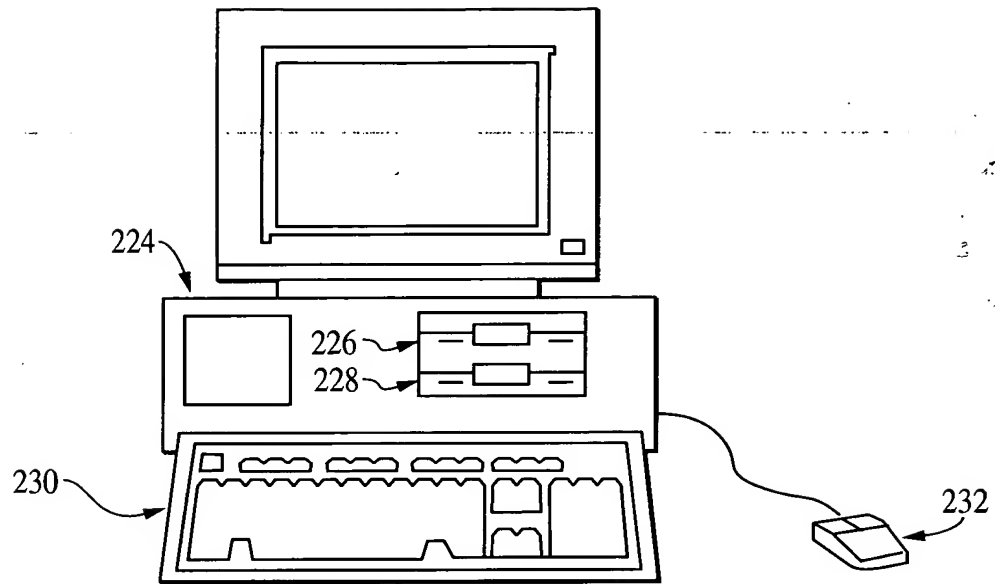
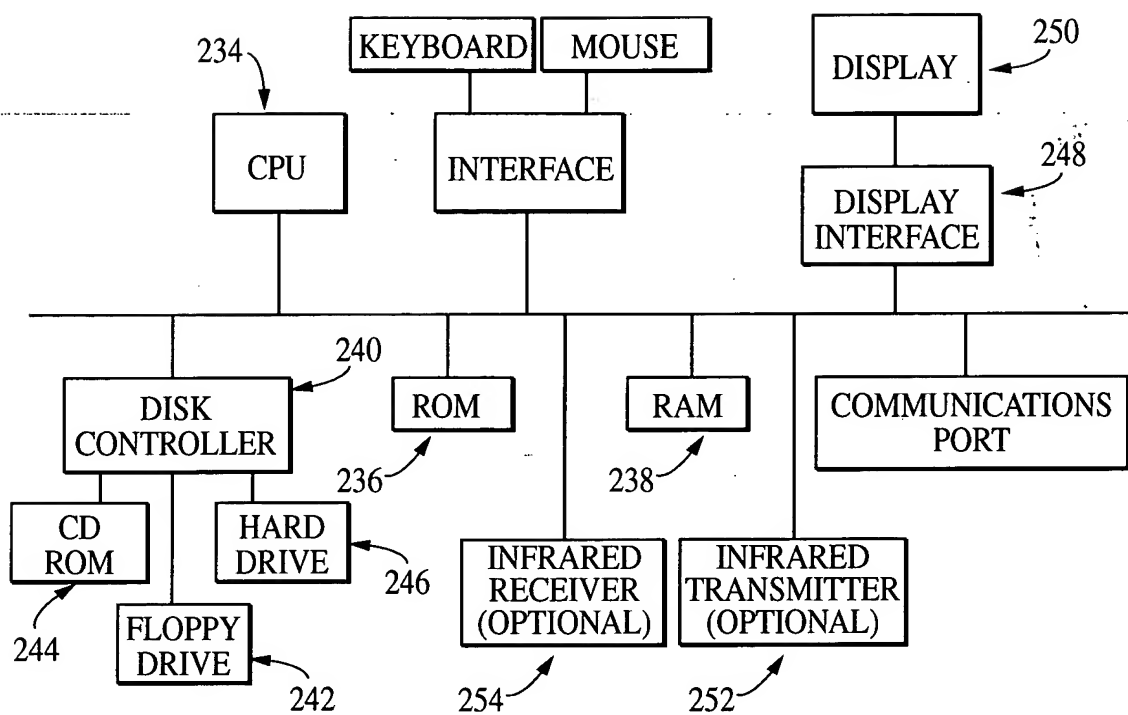


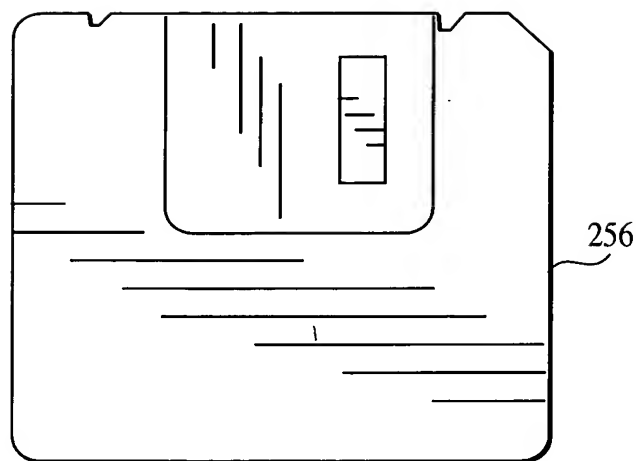
FIG. 11  
COMPUTER



**FIG. 12**  
COMPUTER CONCEPTUAL



**FIG. 13**  
FLOW OF POTENTIAL  
COMPUTER PROCESS



**FIG. 14**  
CONCEPTUAL VIEW OF  
MEMORY STORAGE MEDIUM